**PATENT** 

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE (Case No. 91,297-O)

In re Application of :	)
John Goodchild Paul C. Zamecnik	)
Serial No.: 08/346,270	) ) Examiner:
Filing Date: November 23, 1994	) Oroup Art Unit
For: Inhibition of HLTV-III By Exogenous Oligonucleotides	)

### RESPONSE TO NOTICE TO FILE MISSING PARTS MAILED DECEMBER 14, 1994

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

Attn: Application Processing Division

Special Processing and Correspondence Branch

Dear Sir:

In response to the Notice to File Missing Parts, mailed December 14, 1994 enclosed is an executed Declaration and Power of Attorney and a Verified Statement Claiming Small Entity Status. Because the assignee is a small entity, Applicants believe the fees as originally submitted are correct. A check in the amount of \$2,244 accompanies this submission which includes: (1) \$365.00 basic filing fee of the application; (2) \$1,814.00 for additional claims and (3) 65.00 surcharge fee.

Respectfully submitted,

Date: May 22, 1995

By: Michael S. Gr.

Michael S. Greenfield/Esq. Registration No. 37,142

BANNER & ALLEGRETTI, LTD.
10 South Wacker Drive, Suite 3000

Chicago, IL 60606

Telephone: (312) 715-1000 FAX: (312) 715-1234

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on May 22/1995.

Date: May 22, 1995

Michael S. Greenfield

	NT AND TRADEMARK OFFICE
In re Application of dehild and Paul C. Zamecnik	) ) ) Group Art Unit
Serial No. 08/346,270	Examiner
Filed November 23, 1994	) )
For Inhibition of HLTV-III By Exogenous Oligonucleotides The Commissioner of Patents and Trademarks Washington, D.C. 20231	Application Processing Division Special Processing and Correspondence Branch
Sir:	,

#### TRANSMITTAL LETTER

In regard to the above-identified patent application:

- We are transmitting herewith the attached Petition for Extension of Time; Response to 1. Notice of Missing Parts; Copy of Notice of Missing Parts; Declaration and Power of Attorney; Verified Statement of Small Entity Status and Return Postcard
- •2. With respect to additional fees:
  - A. No additional fee is required.
    - B. An additional fee is required and has been calculated as shown below:

			<b>CLAIM AS AMEND</b>	ED		
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS		MINUS			:	x
INDEP. CLAIMS		MINUS				×
	•			TIONAL FEE MENDMENT ->		

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

C. Attached is a check in the amount of \$ \_\_\$2,924.00 D. Charge the total additional fee to our Deposit Account No. 01-0850. A duplicate copy of this sheet is enclosed.

Please charge any additional fees or credit overpayment to the Deposit Account No. 01-0850. A duplicate copy of this sheet is enclosed.

4.					undersigned hereby	
	etter and the paper, as					
	sufficient postage as			ssed to: Comn	nissioner of Patents a	and Trademarks,
Washington,	D.C. 20231, on this _	day of	May		_, 19 <u>95</u>	
=						_

BANNER & ALLEGRETTI, LTD. 10 SOUTH WACKER DRIVE CHICAGO, ILLINOIS 60606 PHONE: 312-715-1000 FAX: 312-715-1234

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> Each multiple dependent claim should be counted on the number of claims from which if depends.

John G	oodchild a	nd Paul C. Z	amecnik	) )		·		
Serial No.	08/346,27	0		)	Group Art U	nit		
	ovember 23			) )	Examiner _		<u></u>	
or Inhi Olic The Commi	bition of	HLTV-III Exdes		)				
Sir:								
			TR	ANSMITTAL LE	TTER			
					11211			
In r	egard to the	above-identified	patent appl	lication:				
1.	We are	transmitting here	with the at	tached <u>Chan</u>	ge of Firm	<u>Name and</u>	Return Post	card
				tached <u>Chan</u>	ge of Firm	Name and	l Return Post	card
1. 2.	──── With res ☑ A.	repect to additional fee An additional fee	al fees: e is require	d.	calculated as s			card
	──── With res ☑ A.	pect to additional	al fees: e is require	d. d and has been (	calculated as s			card
	With res ☑ A. ☐ B.	pect to additional No additional fee An additional fee (2) CLAIMS REMAINING AFTER	al fees: e is require e is require	d. d and has been ( CLAIM AS AMEND (4) HIGHEST NO. PREVIOUSLY	calculated as s ED (5) PRESENT	hown belo	W: (7) ADDITIONAL	card
	With res  A. B.	pect to additional No additional fee An additional fee (2) CLAIMS REMAINING AFTER	al fees: e is required e is required (3)	d. d and has been ( CLAIM AS AMEND (4) HIGHEST NO. PREVIOUSLY	calculated as s ED (5) PRESENT	hown belo	(7) ADDITIONAL FEE	card
	With res  X A.  B.	pect to additional No additional fee An additional fee (2) CLAIMS REMAINING AFTER	al fees: e is required e is required (3)	d. d and has been of the control of	calculated as s  ED  (5)  PRESENT EXTRA	hown belo	OW:  (7)  ADDITIONAL  FEE  X	card
	With res  X A.  B.  (1)  TOTAL CLAIMS  INDEP. CLAIMS	pect to additional fee An additional fee (2) CLAIMS REMAINING AFTER AMENDMENT	al fees: e is required e is required (3)  MINUS  MINUS	d. d and has been declared to the declared to	calculated as s  ED  (5)  PRESENT EXTRA  TIONAL FEE	hown belo	OW:  (7)  ADDITIONAL  FEE  X	card
	With res  X A. B.  (1)  TOTAL CLAIMS  INDEP. CLAIMS  If the entry in Column If the "Highest Nu" Each multiple dep	pect to additional fee An additional fee An additional fee (2) CLAIMS REMAINING AFTER AMENDMENT	Al fees: e is required e is required (3)  MINUS  MINUS  in Column 4, write N THIS SPACE is unted on the number	d. d and has been of CLAIM AS AMEND (4) HIGHEST NO. PREVIOUSLY PAID FOR  TOTAL ADDI FOR THIS AI  "0" in Column 5. less than 20, write "20" in the of claims from which if de	calculated as s  ED  (5)  PRESENT EXTRA  TIONAL FEE MENDMENT →	hown belo	OW:  (7)  ADDITIONAL  FEE  X	card
	With res  X A. B.  (1)  TOTAL CLAIMS  INDEP. CLAIMS  If the entry in Column If the "Highest Nu" Each multiple dep	cpect to additional feed An additional feed AFTER AMENDMENT	al fees: e is required e is required (3)  MINUS  MINUS  in Column 4, write N THIS SPACE is unted on the number	d. d and has been of CLAIM AS AMEND (4) HIGHEST NO. PREVIOUSLY PAID FOR  TOTAL ADDI FOR THIS AI  "0" in Column 5. less thain 20, write "20" in the of claims from which if de	Calculated as s  ED  (5)  PRESENT EXTRA  TIONAL FEE MENDMENT →	hown belo	OW:  (7)  ADDITIONAL  FEE  X	card
	With res  A. B.  (1)  TOTAL CLAIMS  INDEP. CLAIMS  If the entry in Column in the "Highest Number in the "Highest N	pect to additional fee An additional fee An additional fee (2) CLAIMS REMAINING AFTER AMENDMENT	al fees: e is required e is required (3)  MINUS  MINUS  in Column 4, write in THIS SPACE is unted on the number neck in the a	d. d and has been (4) HIGHEST NO. PREVIOUSLY PAID FOR  TOTAL ADDITED FOR THIS AI  "O" in Column 5. less than 20, write "20" in the or of claims from which if defined amount of \$	Calculated as s  ED  (5)  PRESENT EXTRA  TIONAL FEE MENDMENT →	hown belo	OW:  (7)  ADDITIONAL  FEE  X	card
	With res  A. B.  (1)  TOTAL CLAIMS  INDEP. CLAIMS  If the entry in Columbia in the "Highest Number of the columbia in the colu	cpect to additional feed.  An additional feed.  (2)  CLAIMS  REMAINING  AFTER  AMENDMENT  AMENDMENT  AMENDMENT  Attached is a ch  Charge the total  A duplicate copy	al fees: e is required e is required (3)  MINUS  MINUS  in Column 4, write N THIS SPACE is unted on the number neck in the all I additional y of this she	d. d and has been (4) HIGHEST NO. PREVIOUSLY PAID FOR  TOTAL ADDI FOR THIS AI  "O" in Column 5. less than 20, write "20" in the of claims from which if de amount of \$ fee to our Depose tis enclosed.	Calculated as s  ED  (5)  PRESENT EXTRA  TIONAL FEE MENDMENT →	(6) RATE	W:  (7) ADDITIONAL FEE  X	
2.	With res  A. B.  (1)  TOTAL CLAIMS  INDEP. CLAIMS  If the entry in Columbia in the "Highest Number of the columbia in the colu	pect to additional feed An additional feed AFTER AMENDMENT	al fees: e is required e is required (3)  MINUS  MINUS  in Column 4, write N THIS SPACE is unted on the number neck in the all I additional y of this she	d. d and has been (4) HIGHEST NO. PREVIOUSLY PAID FOR  TOTAL ADDI FOR THIS AI  "O" in Column 5. less than 20, write "20" in the of claims from which if de amount of \$ fee to our Depose tis enclosed.	Calculated as s  ED  (5)  PRESENT EXTRA  TIONAL FEE MENDMENT →	(6) RATE	OW:  (7)  ADDITIONAL  FEE  X	
2.	With res  X A.  B.  (1)  TOTAL CLAIMS  INDEP. CLAIMS  If the entry in Column in the "Highest Nu" Each multiple dep  C.  D.  Please is sheet is end	cpect to additional feed An additional feed Anticological feed and a construction of the feed and a construction of the feed and additional feed and ad	al fees: e is required e is required (3)  MINUS  MINUS  MINUS  in Column 4, write IN THIS SPACE is unted on the number neck in the all additional y of this she	d. d and has been (4) HIGHEST NO. PREVIOUSLY PAID FOR  TOTAL ADDI FOR THIS AI  "0" in Column 5. less than 20, write "20" in the er of claims from which if de amount of \$ fee to our Depos eet is enclosed. or credit overpay	Calculated as S  ED  (5)  PRESENT EXTRA  TIONAL FEE MENDMENT → his space. pends.	hown belo (6) RATE  . 01-0850.	W:  (7) ADDITIONAL FEE  X	). A dup
3. opy of this	With res    X	cpect to additional feed An additional feed An additional feed An additional feed An additional feed (2) CLAIMS REMAINING AFTER AMENDMENT  Limn 2 is less than the entry mber Previously Paid For 1 lendent claim should be could be	al fees: e is required e is required (3)  MINUS  MINUS  MINUS  MINUS  A distinct on the number of this sheet in the all additional y of this sheet in the sheet i	d. d and has been (4) HIGHEST NO. PREVIOUSLY PAID FOR  TOTAL ADDITED FOR THIS AI TO' in Column 5. less than 20, write "20" in the or of claims from which if de amount of \$	Calculated as s  ED  (5)  PRESENT EXTRA  TIONAL FEE MENDMENT →  ais space. pends.  Sit Account No.  wment to the Do  ASS MAIL): The above, are bein	(6) RATE  . 01-0850. eposit Accee undersig deposite	ow:  (7)  ADDITIONAL FEE  X  X	o. A dup





## JEPAL MENT OF COMMERCE

Patent and Trauemark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS

Washington, D.C. 20231

FIRST NAMED APPLICANT

ATTY. DOCKET NO./TITLE

GOODCHILD 11/23/94

912970

03A1/1214

ALLEGRETTÍ & WITGOFF LTD TO SOUTH WACKER DRIVE 30TH FLOOR CHICAGO IL 60606

0000

DATE MAILED:

12/14/94

#### NOTICE TO FILE MISSING PARTS OF APPLICATION FILING DATE GRANTED

 $An \, Application \, Number \, and \, Filing \, Date \, have \, been \, assigned \, to \, this \, application. \, \, However, \, the \, items \, indicated \, application \,$ below are missing. The required items and fees identified below must be timely submitted ALONG WITH THE PAYMENT OF A SURCHARGE for items 1 and 3-6 only of \$ / 3 ? for large entities or \$ \_\_\_\_\_ for small entities who have filed a verified statement claiming such status. The surcharge is set forth in 37 CFR 1.16(e).

If all required items on this form are filed within the period set below, the total amount owed by applicant as a plarge entity,  $\square$  small entity (verified statement filed), is \$\frac{100}{200} \frac{100}{200} \frac{100}{2 entity,  $\Box$  small entity (verified statement filed), is \$\_

ILING DATE of this application, WHICHEVER IS LATER, within which to file all required items and pay any fees quired above to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the tension fee under the provisions of 37 CFR 1.136(a).
☐ The statutory basic filing fee is: ☐ missing ☐ insufficient. Applicant as a ☐ large entity ☐ small entity, must submit \$
Additional claim fees of \$
☐ The oath or declaration: ☐ is missing. ☐ does not cover items omitted at time of execution.
An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date is required.
☐ The oath or declaration does not identify the application to which it applies. An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
☑ The signature to the oath or declaration is: ☑ missing; ☐ a reproduction; ☐ by a person other than the inventor or a person qualified under 37 CFR 1.42, 1.43, or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
$\Box$ The signature of the following joint inventor(s) is missing from the oath or declaration:
An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.
☐ The application was filed in a language other than English. Applicant must file a verified English translation of the application and a fee of \$under 37 CFR 1.17(k), unless this fee has already been paid.
□ A \$processing fee is required for returned checks. (37 CFR 1.21(m)).
$\square$ Your filing receipt was mailed in error because check was returned without payment.
□ The application does not comply with the Sequence Rules. See attached Notice to Comply with Sequence Rules. See attached Notice to Comply with 1 201 365.00 CK 100 MG 05/31/95 08346270 1 205 65.00 CK □ Other MG 05/31/95 08346270 1 203 1.814.00/CK
Officer MG 05/31/95 08346270 1 203 1,814.00 CK rect the response and any questions about this notice to. Application Processing rision, Special Processing and Correspondence Branch (703) 308-1202.
copy of this notice MUST be returned with the response